

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|---|---|---------------------------|
| 1 Date of Request: <u>8/22/02</u> | | 2 Serial/Patent # <u>09/550,882</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input checked="" type="checkbox"/> Filing (app for extra claims) | | 3 3 | 12/29/00 |
| <input type="checkbox"/> Amendment | | 3 | " |
| <input type="checkbox"/> Extension of Time | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | |
| <input type="checkbox"/> Petition | | | |
| <input checked="" type="checkbox"/> Issue Processing fee | | 6 | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | |
| <input type="checkbox"/> Maintenance | | | |
| <input type="checkbox"/> Assignment | | | |
| <input checked="" type="checkbox"/> Other late filing fee surcharge | | 3 | 12/29/00 |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 1,722 1,852 |
| 10 REASON: | | 8 TO BE REFUNDED BY: | |
| <input type="checkbox"/> Overpayment | | <input type="checkbox"/> Treasury Check | |
| <input type="checkbox"/> Duplicate Payment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | Applicant never intended to pay, nor authorized PTO to charge DA. for these fees. | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>PC/RC/ANB</u> | | TITLE: <u>Petitioner ABG</u> | |
| SIGNATURE: <u>PC/RC/ANB</u> | | PHONE: <u>703 308-0763</u> | |
| OFFICE: <u>Petitioner</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: <u>Alison Kelly</u> | | DATE: <u>8/24/02</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B